



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ELIZABETH HEALTH (LAFAYETTE CENTRAL)

City of Hospital: Lafayette

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150003

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67107365	Contractual Allowance	\$92183266
Outpatient Patient Service Revenue	\$82077770	Other Deductions	\$12472891
Total Gross Patient Service Revenue	\$149185135	Total Deductions	\$104656157

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$44528978
Other Operating Revenue	\$7653512
Total Operating Revenue	\$52182490

#### 4. Operating Expenses

Salaries and Wages	\$34825742	Employee Benefits	\$13756065
Depreciation and Amortization	\$4021318	Interest Expense	\$0
Bad Debt	\$3525598	Other Expenses	\$28105546
Total Operating Expenses	\$84234269		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-32051779	Total Assets	\$98047573
Net Non-operating Gains over Loss	\$-1948712	Total Liabilities	\$36812468
Total Net Gains	\$-34000491		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$76801110	\$51212507	\$25588603
Medicaid	\$28157880	\$14042522	\$14115358
Other Government	\$1277611	\$257751	\$1019860
Other State	\$0	\$0	\$0
Other Payers	\$42948534	\$39143377	\$3805157
Total	\$149185135	\$104656157	\$44528978

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$87443	\$-87443

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3448987	\$4320681	\$-871694
Hospital Patients	\$0	\$0	\$0
Community Education	\$155241	\$543228	\$-387987

Number of Medical Professionals Trained	397
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	13403

### Statement Six: Charity Statement

Hospital Charity Charges	\$12459568
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5761079	
HCI Payments	\$0		
Subtotal	\$0	\$5761079	\$-5761079
Medicaid Shortfalls	\$14115358	\$17814713	
Subtotal	\$14115358	\$23575792	\$-9460434
DSH Payments	\$0		
Subtotal	\$14115358	\$23575792	\$-9460434
Medicare Shortfalls	\$25588603	\$35511448	
Other Government Programs	\$1019860	\$590744	
Total	\$40723821	\$59677984	\$-18954163

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$9820407	\$14516831	\$-4696424